

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 599 074	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		1				
2							52		3				
3							53		1				
4							54		1				
5							55		1				
6							56		1				
7							57		1				
8							58	1					
9							59	1					
10							60		1				
11							61		2				
12							62		2				
13							63		2				
14							64		2				
15							65		2				
16							66		2				
17		2					67						
18							68						
19							69						
20							70						
21		3					71						
22		2					72						
23		2					73						
24	1						74						
25							75						
26							76						
27							77						
28	1						78						
29							79						
30							80						
31							81						
32		3					82						
33		3					83						
34		1					84						
35		1					85						
36		3					86						
37		1					87						
38		3					88						
39		1					89						
40		2					90						
41		1					91						
42		3					92						
43		1					93						
44		3					94						
45		1					95						
46		3					96						
47		1					97						
48		3					98						
49		3					99						
50							100						
TOTAL IND.	4						TOTAL IND.	2					
TOTAL DEP.	71						TOTAL DEP.	22					
TOTAL CLAIMS	75						TOTAL CLAIMS	24					